

Place this form at the end of the signed original  
copy of the application. Do not duplicate.

Social Security No. \_\_\_\_\_

## PERSONAL DATA ON PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests Social Security Numbers for accurate identification, referral, and review of applications and for management of PHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. The PHS requests the Social Security Number under Sections 301(a) and 487 of the PHS Act as amended (42 USC 241a and USC 288). All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals.

If you decline to provide this information, it will in no way affect consideration of your application.

Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)

GENDER

☐

Female

☐

Male

RACE AND/OR ETHNIC ORIGIN (check one)

**Note:** The category that most closely reflects the individual's recognition in the community should be used when reporting mixed racial and/or ethnic origins.

- ☐ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- ☐ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Check here if you do not wish to provide some or all of the above information.